APPLICATION FOR PETITION TO QUALIFY A POLITICAL PARTY IN THE STATE OF HAWAII FOR ELECTION BALLOT PURPOSES

PLEASE TYPE OR PRINT ALL INFORMATION

Party Name:	and the second s		M	
Election Year:	and the second			<u> </u>
Name of Contact Pe	erson:	~ (P)	Marie Land	
Address:		0/5/0	1/1/11	
City/State/Zip Code		6/2/2		
Telephone No.(s): ₋		9) A		
	(Residence)		(Business)	
Signature of Applica	ant:			
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	FOR OFFI	CE USE ONLY		
PETITION FORMS	S ISSUED:			
By OE Staff Member	To Party Representative	Party Rep. Initials	Sets Issued	Date Issued
				
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PETITION FORMS	S RECEIVED:	7/1/1/1/1/		
By OE Staff Member	From Party Representative	Party Rep. Initials	Sets Received	Date Received
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	FOR OFF	FICE USE ONLY		
PETITION FORMS	S FILED:	C	SIMPR	
With OE Staff Member	From Party Representative	Party Rep.	Sets Filed	Date & Time Filed
NAMES/ADDRES	SES OF OFFICERS F	ILED:		•
With OE Staff Member	From Party Representative	Party Rep. Initials	Date Filed	Time Filed
DARTY BUILTE F	U.F.D.			
PARTY RULES F				
With OE Staff Member	From Party Representative	Party Rep. Initials	Date Filed	Time Filed
AMENDMENTS T	O PARTY RULES FIL	ED:		
With OE Staff Member	From Party Representative	Party Rep. Initials	Date Filed	Time Filed
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COMMENTS:				•
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FOR ELECTION BA Page 2a PETITION FORMS			011	
By OE Staff	From Party	Party Rep	Sets	Date
Member	Representative	Initials	Received	Received
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